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HARTMAN AND HARTMAN, P.C.
INTELLECTUAL PROPERTY ATTORNEYS
552 EAST 700 NORTH
VALPARAISO, INDIANA 46383

GARY M. HARTMAN
DOMENICA N.S. HARTMAN*

* Also Admitted to Practice in Michigan

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TEL:(219)462-4999
FAX:(219)464-1166

August 9, 2005

AUG 09 2005

To: Assistant Commissioner for Patents
Washington, D.C. 20231

FAX # (571) 273-8300

Attention: Office of Petitions

Re: PETITION TO CORRECT INVENTORSHIP UNDER 37 CFR § 1.48

The following is a 7 - page Petition to Correct Inventorship in the below-identified U.S. Patent Application.

Application No. : 10/707,308
Applicant : Swami Ganesh et al.
Filed: : December 4, 2003
TC/Art Unit: : 3745
Examiner : Ninh H. Nguyen

Confirmation No. 1307

Docket No. : 138007

Submitted by:
Domenica N.S. Hartman
Reg. No. 32,701

I hereby certify that this document is being facsimile transmitted to the
Patent and Trademark Office at the number below, on the date below:

571-273-8300 08/09/05
Fax # Marya A. Harris Date

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OFFICIAL

**PATENT
Docket No. 138007**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Swami Ganesh, et al.

Group Art Unit 3745

Serial No. 10/707,308

Examiner Ninh H. Nguyen

Filed December 4, 2003

MULTIPLE ALLOY ROTOR

PETITION TO CORRECT INVENTORSHIP UNDER 37 CFR § 1.48

Commissioner of Patents and Trademarks
Washington, D.C. 20231

This is a Request under 37 CFR § 1.48 to correct the inventorship of this US patent application S/N 10/707,308, filed 12/04/03. The correct inventorship is:

Swami Ganesh
Robin Carl Schwant
Peter William Schilke
Ling Yang
John Zhiqiang Wang
Robert V. Falsetti
Francis Alexander Reed

The three inventors, Peter William Schilke, Robert V. Falsetti and Francis Alexander Reed, were inadvertently omitted from the original Declaration by a clerical error. Such error arose without any deceptive intent on the part of the inventors or their representatives, as indicated by the attached Statements from the three omitted inventors. Mr. Schilke died on April 30, 2005, as evidenced by the attached Certificate of Death. His Statement is signed by his widow, Maggie Schilke, on his behalf. The inventors are all under a common obligation to assign this patent application to General Electric Company. General

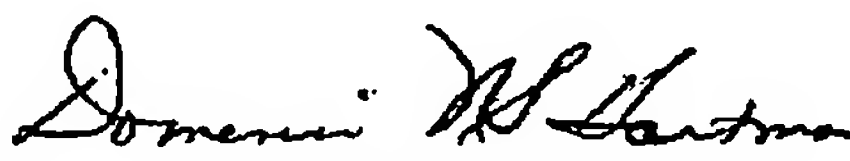
Serial No. 10/707,308 -- 2

Electric Company consents to this correction of inventorship. Enclosed is the Substitute Declaration under § 1.63 listing the correct inventorship.

Please charge the Processing Fee under 1.17(i) to Deposit Account 08-0960, as well as any other fees associated with this Request for Correction of Inventorship.

A corrected Filing Receipt is requested. Please contact the undersigned for further assistance. Thank you.

Respectfully submitted,

By 
Domenica N.S. Hartman
Reg. No. 32,701

August 9, 2005
Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
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Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

The Assignee, General Electric Company, consents to the correction of the named inventors in the above-identified U.S. patent application. The correct inventorship is:

Swami Ganesh
Robin Carl Schwant
Ling Yang
John Zhiqiang Wang
Peter William Schilke
Robert V. Falsetti
Francis Alexander Reed

Thank you.

Sincerely,

By: 

Date: June 24 2005

Print

Name: ERNEST G Cusick

for General Electric Company

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Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

I believe that the omission of my name, Peter William Schilke, as an inventor of U.S. patent application S/N 10/707,308, occurred without deceptive intent on my part.

Sincerely,


Peter William Schilke

Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
TEL.: (219) 462-4999
FAX: (219) 464-1166

(INSTRUCTIONS ON REVERSE SIDE)



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

STATE USE ONLY

4c Hosp

5 Type

6 Hosp Place

10 Age

15 Resid

15 Out-State

23 Disp

31-32 Aclop

34 Manner

35a Work Inj

35f Place

36-37 Cert

10a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME FIRST MIDDLE LAST REGISTERED NUMBER 70

Peter Schilke M

DATE OF DEATH (Mo., Day, Yr.) April 30, 2005

PLACE OF DEATH (City/Town): Brewster COUNTY OF DEATH Barnstable HOSPITAL OR OTHER INSTITUTION - Name (If not in other, give street and number) 29 Cranview Road

PLACE OF DEATH (Check only one):
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)

SOCIAL SECURITY NUMBER 043-36-3538

IF US WAR VETERAN SPECIFY WAR

WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) ☒ NO ☐ YES

RACE (e.g. White, Black, American Indian, etc.) (Specify) White

DECEDENT'S EDUCATION (Highest Grade Completed) Elementary Sec (9-12) College (1-4, 5+) 5+

AGE - Last Birthday (Yrs.) 59 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) April 19, 1946 BIRTHPLACE (City and State or Foreign Country) Middletown, CT

MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Married LAST SPOUSE (If wife, give maiden name) Margaret Lindsay USUAL OCCUPATION (Prior - If Retired) General Manager KIND OF BUSINESS OR INDUSTRY Manufacturing

RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 29 Cranview Rd., Brewster, Barnstable, MA ZIP CODE 02631

FATHER - FULL NAME Carl Schilke STATE OF BIRTH (If not in US, name country) CT MOTHER - NAME (GIVEN) (MAIDEN) Ruth Ney STATE OF BIRTH (If not in the US, name country) CT

INFORMANT'S NAME Margaret Schilke MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 29 Cranview Rd., Brewster, MA 02631 RELATIONSHIP Wife

23 METHOD OF IMMEDIATE DISPOSITION ☐ BURIAL ☒ CREMATION ☐ ENTOMBMENT ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER SPEC. FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Kevin J. Morris LICENSE # 7225

PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Duxbury Crematory LOCATION (City/Town, State) Duxbury, MA

DATE OF DISPOSITION (Mo., Day, Yr.) May 4, 2005 NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Morris & O'Connor Yarmouth, MA 02664

29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Head and Neck Cancer DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death), LAST

PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

30 MED. EXAM. NOTIFIED? (Yes or No) No 31 MANNER OF DEATH ☒ NATURAL ☐ HOMICIDE ☐ COULD NOT BE DETERMINED DATE OF INJURY (Mo., Day, Yr.) TIME OF INJURY INJURY AT WORK (Yes or No)

32 DESCRIBE HOW INJURY OCCURRED PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify LOCATION (No. & St., City/Town, State)

33a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) J. Paul Marcoux M.D. DATE SIGNED (Mo., Day, Yr.) May 2, 2005 HOUR OF DEATH 2:20 P.M.

33b NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER J. Paul Marcoux M.D. 133 Brookline Ave Boston MA 02215

33c NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) J. Paul Marcoux M.D. 133 Brookline Ave Boston MA 02215

33d WAS THERE A PRONOUNCEMENT FORM? (Yes or No) YES IF YES, DATE PRONOUNCED April 30, 2005 IF YES, TIME PRONOUNCED 2:20 P.M. 33e NAME OF PRONOUNCER Roxane M. Macara

33f DATE BURIAL PERMIT ISSUED May 4, 2005 33g RECEIVED IN THE CITY/TOWN OF BREWSTER

33h SIGNATURE OF HEALTH AGENT Tammi Mason 33i CLERK'S SIGNATURE Collette M. Williams

33j DATE OF RECORD MAY 4, 2005

Pronouncement of Death form (R-302) on File: ☒

PERMANENT BLACK INK ONLY

301-01

I, the undersigned, hereby certify that I am the Town Clerk of the Town of Brewster; that as such, I have custody of the records of births, marriages, and deaths, required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

Witness: My hand and SEAL OF THE TOWN OF BREWSTER, at Brewster, MA.

A TRUE COPY ATTEST:

Collette M. Williams
Asst. Town Clerk

Aug 09 2005 10:06AM Hartman & Hartman, P.C. (219) 464-1166 p.7
Jun 20 2005 3:04PM Hartman & Hartman, P.C. (219) 464-1166 p.2

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Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

I believe that the omission of my name, Robert V. Falsetti, as an inventor of U.S. patent application S/N 10/707,308, occurred without deceptive intent on my part.

Sincerely,


Robert V. Falsetti

Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
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Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

I believe that the omission of my name, Francis Alexander Reed, as an inventor of U.S. patent application S/N 10/707,308, occurred without deceptive intent on my part.

Sincerely,


Francis Alexander Reed

Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
TEL.: (219) 462-4999
FAX: (219) 464-1166